

PROB 49

**UNITED STATES DISTRICT COURT
Eastern District of Missouri**

**Waiver of Hearing to Modify Conditions
of Probation/Supervised Release or Extend Term of Supervision**

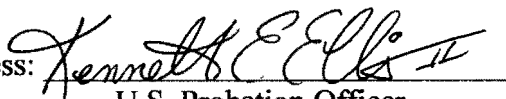
I have been advised and understand that I am entitled by law to a hearing and assistance of counsel before any unfavorable change may be made in my Conditions of Probation and Supervised Release or my period of supervision being extended. By "assistance of counsel" I understand that I have the right to be represented at the hearing by counsel of my own choosing if I am able to retain counsel. I also understand that I have the right to request the Court to appoint counsel to represent me at such a hearing at no cost to myself if I am not able to retain counsel of my own choosing. I also understand I have the right to contact an attorney prior to signing this waiver.

I hereby knowingly and voluntarily waive my right to consult an attorney before signing this waiver and I knowingly and voluntarily waive my statutory right to a hearing and to assistance of counsel. I also agree to the following modification of my Conditions of Probation and Supervised Release or to the proposed extension of my term of supervision:

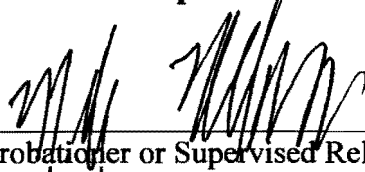
The defendant shall participate in the Location Monitoring Program for a period of 180 days. During this time, you will remain at your place of residence except for employment and other activities approved in advance by the probation office. You will maintain a telephone at your place of residence without any feature or service that would interfere with the operation of location monitoring equipment for the above period. At the approval of the probation office, you shall wear a location monitoring device, which may include Global Positioning System and/or Random Tracking, and follow location monitoring procedures specified by the probation office.

The defendant shall participate in a mental health program approved by the probation office. The defendant shall pay for the costs associated with services provided based on a co-payment fee established by the probation office.

Witness:


U.S. Probation Officer

Signed:


Probationer or Supervised Releasee

1-29-13

DATE